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February 10, 2003

Public Records Office
Federal Election Commission
999 E Street, NW
Washington, D.C. 20463

Dear Filing Officer:

Please find enclosed for filing the original and one copy of:

Form 1 Amendment

Form 2

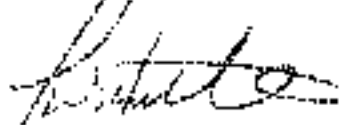
Form 3

Form 3X

for Health Net, Inc. Political Action Committee.

Please return an endorsed filed copy in the enclosed self addressed envelope for our records.

Very truly yours,



Thomas W. Hiltachk
Assistant Treasurer

RECEIVED
FEDERAL
REGISTRATION CENTER
2003 FEB 19 P 2:05

RECEIVED
FEC MAIL
OPERATIONS CENTER

2003 FEB 19 P 2:05

FEC
FORM 1

STATEMENT OF ORGANIZATION

(See Instructions)

Office Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

Health Net, Incorporated Political Action Committee

ADDRESS (number and street)

21650 Oxnard Street, 25th Floor

(Check if address is changed)

Woodland Hills

CA

91367

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

2. DATE

02 10 2003

3. FEC IDENTIFICATION NUMBER ▶

C 00230789

4. IS THIS STATEMENT

NEW (N)

OR

AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Thomas W. Hiltachk, Asst. Treasurer

Signature of Treasurer

Date

02 10 2003

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5497g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office
Use
Only

For further information contact:
Federal Election Commission
Tel. Free 800-424-9530
Loc. 202-694-5100

FEC FORM 1
(Revised 1/01)

5. TYPE OF COMMITTEE (Check One)

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate _____

Candidate Party Affiliation: Office Sought: House Senate President State: District:

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

- (d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

- (e) This committee is a separate segregated fund.

- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

Connected Organization - Health Net, Inc.

Affiliated Committee - Health Net, Incorporated Federal Services PAC

Mailing Address 21650 Ormand Street, 25th Floor

Woodland Hills CA 91367

CITY STATE ZIP CODE

Relationship _____

Type of Connected Organization:

- Corporation Corporation w/o Capital Stock Labor Organization
- Membership Organization Trade Association Cooperative

Write or Type Committee Name

Health Net, Incorporated Political Action Committee

2. Custodian of Records: identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name Haley Smith

Mailing Address 21650 Oxnard Street, 25th Floor
Woodland Hills, CA 91367

Title or Position Treasurer CITY CA STATE 91367 ZIP CODE

Telephone number 818-676-6717

3. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer Haley Smith

Mailing Address 21650 Oxnard Street, 25th Floor
Woodland Hills, CA 91367

Title or Position Treasurer CITY CA STATE 91367 ZIP CODE

Telephone number 818-676-6717

Full Name of Designated Agent Thomas W. Hiltachk

Mailing Address 455 Capitol Mall, Suite 801
Sacramento, CA 95814

Title or Position Asst. Treasurer CITY CA STATE 95814 ZIP CODE

Telephone number 916-442-7757

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Union Bank of California

Mailing Address

400 California Street

San Francisco

CA

95104

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
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<i>MLP</i> PREPARER	2-15-03 DATE PREPARED

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